

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026547

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUL 17 1962

1. PLACE OF DEATH

a. COUNTY

DeKalb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

DeKalb

b. CITY (If outside corporate limits, give TOWNSHIP only)

Maysville

Length of stay in 1b

Life

c. CITY

Maysville

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

in Ambulance

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Walter

Middle

Scott

Last

Anderson

4. DATE OF DEATH

Month

7 - 11 -

Day

62

Year

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

7-27-1880

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Laborer

11. BIRTHPLACE (City and state or country)

Kentucky

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Anderson

13b. MOTHER'S MAIDEN NAME

Mary Bailey

14. NAME OF HUSBAND OR WIFE

XX Ida Mae Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ida Mae Anderson Maysville Mo

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH
hourConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

Maysville

DeKalb

COUNTY

STATE

Mo

21. I attended the deceased from

to

and last saw her

him alive on

Death occurred at

11

P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Maysville Mo

22c. DATE SIGNED

7-12-62

23. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-14-62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

St Joseph

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Maysville Mo

25. DATE RECD. BY LOCAL REG.

July 12-62

26. REGISTRAR'S SIGNATURE

Lutie E. Davidson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John Brown

Licensed Embalmer No.

3933

P. O. Address

Moysville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.